

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33185**  
Registrar's No. **9136**

FILED OCT 27 1948 **318**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Residence: # 2609 Gurney Court**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution (Specify whether)  
In this community **LIFE**  
years, months or days

3. (a) PRINT FULL NAME **AMELIA HOBELMAN**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **WIDOW**  
6. (b) Name of husband or wife **JOHN F. HOBELMAN** 6. (c) Age of husband or wife if alive **19** years  
7. Birth date of deceased **AUGUST 19 1856**  
(Month) (Day) (Year)

8. AGE: Years **87** Months **1** Days **27** If less than one day **hr. min.**

9. Birthplace **SAINT LOUIS MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business

MOTHER FATHER { 12. Name **HENRY GAUSMAN**  
13. Birthplace **GERMANY**  
(City, town, or county) (State or foreign country)  
14. Maiden name **ELIZABETH WEGGMAN**  
15. Birthplace **GERMANY**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John A. Fieschli**

(b) Address **2609 Gurney Court**

17. (a) **Burial** (b) Date thereof **10/18/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethlehem Cemetery**

18. (a) Signature of funeral director **C.R. Lupton & Sons**

(b) Address **7233 Delmar Blvd**

19. (a) **OCT 18 1943** (b) **J.F. Jurdick**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2609 Gurney Court**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **16th**  
year **1943** hour **2:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **Sept 19 1937** to **Oct 16 1943**  
that I last saw her alive on **Oct 16 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis with Ascites** years

Due to **93**

Other conditions **General Atherosclerosis**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **-**  
Of autopsy **-**

22. If death was due to external causes, fill in the following: **-**

(a) Accident, suicide, or homicide (specify) **-**  
(b) Date of occurrence **-**  
(c) Where did injury occur? **-**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**

While at work? **no** (Specify type of place) (e) Means of injury **-**

23. Signature **Vincent J. Fournier** (M. D. or other) **MD**  
Address **3101 Sulton Ave Maplewood Mo** Date signed **10/16/43**

3101a Sutton  
HI- 3250  
Hrs. 10 to 12 A.M.

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# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

*Laurel R. Summer*

Registered Apprentice No. *351*

working under my personal supervision.

Signed

*Bradford A. Miles*

Licensed Embalmer No.

*2901*

P. O. Address

*University City, N.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.